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- 0011948 - 0011180 - 0041190			ATM - BUTHS -
	Pharmacy Information		
a	Pharmacy name	West Virginia CVS Pharmacy, L.L.C.	
6	Address	2901 Fifth Ave Huntington WV 25702	
e	Pharmacy DEA #	BR4365486	00 00 00 00 00 00 00 00 00 00 00 00 00
d	DEA Lic. Exp. Date	12/31/2016	
е	Date of Visit	1/29/2016	0 00 00 00 00
: W-01: H-16: 100-0	Pharmacy License	MP0551210	00-00-00-00-00-00-0
g	Phcy Lic. Exp. Date	6/30/2016	00 1100011 000111 000111 00011
9	Tilley Lie. Exp. Date	OTOTZO TO	
-001964-011760-0000			0 HCM 00 H
h	Investigator Name	Cindy Mulanax	
	Other Participants		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
- 01: 00: 01: 10: 100: 10 - 00: 00: 01: 01: 00: 00: 00: 00: 00: 00:	Reason for Report	Routine QRA Surveillance	00 HK 184 - 00 HK - 1
	Becograf pharmacy ha	Stormund	7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
- 00 00 00 00 00 00 00 00 00 00 00 00 00	Research pharmacy ba		
k		edia research acceptable? YES	0-00-00-00-00-00-0
	Is the Pharmacy Licens	e in Line 1(f) above clear of probation or restrictions related to controlled substances for the past 10 years?	
m	Is DEA registrant's num	nber(s) active?	
-02:300-00:300-0033	0-	iny of the above questions 1(k) - 1(m), explain why.	
- 00 MH - MI IN - MAIN		ing of the above questions (its original mag).	0-00-00-00-00-00-00-00-00-00-00-00-00-0
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-00 80 0 10 10 10 1 -00 84 0 1 10 10 10 10	***		00-000-00-00-00-00-00-00-00-00-00-00-00
- W- OR: HI - H: 100 - L	000 ₩		00-00-00-00-00-00- 00-00-00-00-00-00-
7	Due Diligence		
			851M - 881 NB - 841138 - 86513M - 8611M -
	Based on your observa	tions during the site visit:	
a	Was there a significant	number of out-of-area vehicles parked outside the pharmacy?	
- 00 MI - 01 - 10 - 10 - 10 - 10 - 10 - 10 - 1	Was there any evidenc	e of illicit drug use around the pharmacy or suspected illegal drug transactions such that this was indicative of drug diversion?	10-10-00-00-00-00-0 10-100001-00001-0
G		e of an Internet pharmacy?	
	N		
d		people waiting at the pharmacy such that this was indicative of drug diversion?	0.00-00.00-00
e	Was the investigator at	ble to confirm any other actual signs of diversion at the pharmacy during the site visit?	0 HX 101 OC 181 I
	If the answer is YES to	any of the above questions 2(a) – 2(e), explain providing details of your observation(s).	
001 1461 - 001 160 - 004 150			00-100-001-001-001-0
-00-001-01-00-00-0 -001-00-001-00-000-0			00-00-00-00-00-00-0
			# HE HE HE
	TO A CONTROL OF THE C		
30-02-31-95-30-0 31-03-31-95-30-0	· · · · · · · · · · · · · · · · · · ·		
- 00: 001 - 01: 100 - 000 - 0 - 001 001 - 001 100 - 000 10			
3	Reviewer Assessmen	t and Decision (to be completed by Corporate Reviewer ONLY and NOT the Investigator)	
a	Does this pharmacy red	quire immediate action?	
	A ACTIVIT ACTIVIT ACTIVIT ACTIVIT ACTIVIT ACTIVIT ACTIVIT ACTIVIT ACTIVIT.	THE APPLICATION AND ADVENUE AN	0 HCH 60 H
- W- OIL III- D - III-	What is the decision ar		- or 4 - 04 ' 15 - 47 ' 15 - 05 ' 24 - 05 ' 15
	Based upon the informa	ation contained herein, there does not appear to be evidence of diversion.	00 - 00 - 00 - 00 - 00 - 00 - 00 - 00
- 00- 001- 00 00- 000-0 - 001-001- 001-			8 HS 181 - 201 H
00-00-01-00-00-0 00-00-01-01-00-00-0			00 00 00 00 00 00 00 00 00 00 00 00 00
	000 000 000 000 000 000 000 000 000 00		00-000-00-00-00-00-00-00-00-00-00-00-00
-0-01-0-05-05-0			0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0

DCN: 3354 Effective Date: 07 May 2013

PLAINTIFFS TRIAL **EXHIBIT** P-42114_00001

PDQRA-CAD-C008/Form1